



6P2623/

00862.003073.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Brian Q. Le
OSAMU YAMADA ET AL.)
: Group Art Unit: 2623
Application No.: 09/420,772)
: Filed: October 19, 1999)
: For: IMAGE PROCESSING APPARATUS)
AND METHOD, AND RECORDING)
MEDIUM) July 22, 2004

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Technology Center 2600

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated April 22, 2004, please amend the above-identified application as follows. Amendments to the claims are reflected in the listing beginning on page 2, and the Remarks begin on page 10.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

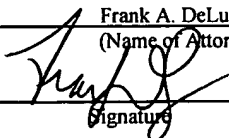
July 22, 2004
(Date of Deposit)

07/28/2004 SSITHIB1 00000011 09420772

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172.00 0P

Frank A. DeLucia (Reg. No. 42,476)
(Name of Attorney for Applicants)


Signature

July 22, 2004
Date of Signature



In re Application of:

Docket No. 00862.003073.

OSAMU YAMADA ET AL.

Application No.: 09/420,772

Examiner: Brian Q. Le

Filed: October 19, 1999

Group Art Unit: 2623

For: IMAGE PROCESSING APPARATUS AND
METHOD, AND RECORDING MEDIUM

Date: July 22, 2004

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 5	MINUS	*** 3	= 2	x \$43 \$86	\$172.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$172.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 172.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank A. DeLucia
Attorney for Applicant
Registration No.: 42,476

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3800
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